

FACSIMILE TRANSMITTAL SHEET

Date: _____

From:

To:

Your Phone Number:

To Fax Number: (559) 498-4357

Your Fax Number: _____

Number of Pages Transmitted _____ including this page

PERMIT #:

RE-ROOF PERMIT APPLICATION

Project Address: _____

Owner: _____

Contractor Information: _____

Company Name	Address	Phone Number
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Building Use: ☐ 3-plex ☐ 4-plex ☐ Apartments ☐ Condominiums

Valuation-Total Cost of Roofing Material and Labor: _____

Proposed Roofing Material:

☐ Wood Shake/Shingles ☐ Asphalt Shingle/Composition ☐ Single Ply ☐ Metal

☐ Built-Up/Torch Down/Rolled ☐ Heavy/Light Weight Tile ☐ Foam/Liquid Coating ☐ Other

Roofing Material Information & Approvals:

Manufacturer's Name _____ ICC Evaluation Report No. _____

Cool Roof Rating Council (CRRC) Ratings: Solar Reflectance: _____ Thermal Emittance/SRI: _____

CRRC Product ID No. _____

Cool Roof Exceptions: ☐Roof Deck Insulation ☐Sealed Ducts (Tested)
☐Attic Ventilation* ☐R-30 Attic Insulation
☐Radiant Barrier ☐No Ducts in Attic

Installed Weight of Tile: _____ Roof Slope: _____ Roofing Area: _____

☐ Tear Off ☐ Overlay (Only one existing may remain)

COMMENTS:

- * **The Attic Ventilation Worksheet shall be completed by the contractor/applicant to determine the number of vents required to comply with minimum Building Code requirements. (see attached)**
- * **FOR LARGE STRUCTURES OR STRUCTURES WITH COMPLEX ROOF AND ATTIC AREAS, A ROOF PLAN SHALL BE PROVIDED SHOWING LOCATION OF EXISTING AND PROPOSED ATTIC VENTS.**

COOL ROOF PRODUCTS SHALL MEET THE REQUIREMENTS AS NOTED BELOW:

CALIFORNIA ENERGY CODE

**SECTION 152 ROOF REPLACEMENTS - LOW-RISE RESIDENTIAL
MULTI-FAMILY/CONDOMINIUM (3 OR MORE UNITS)**

STRUCTURE	LOW-SLOPE < 2/12	STEEP SLOPE	ROOFING DENSITY < 5 PSF	ROOFING DENSITY > 5 PSF	SOLAR REFLECTANCE (MINIMUM)	THERMAL EMITTANCE (MINIMUM)	SRI	NOTES	EXCEPTIONS
LOW-RISE RESIDENTIAL	X				0.55	0.75	64		h
LOW-RISE RESIDENTIAL		X	X		0.20	0.75	16	1	a-b-c-d-e-f-g
LOW-RISE RESIDENTIAL		X		X	0.15	0.75	10	1	a-b-c-d-e-f-g

EXCEPTIONS:

CIRCLE WHICH EXCEPTION TO THE COOL ROOF REQUIREMENTS YOU ARE REQUESTING

- a. Insulation with a thermal resistance of at least 0.85 hr·ft²·F/Btu or at least a ¾ inch airspace is added to the roof deck over an attic; **Or**
- b. Existing ducts in the attic are insulated and sealed according to Section 151(f)10, HERS rating required with Cf4R Form **Or**
- c. Attic ventilation equal to 1/150 of the attic floor area and 30% within 2' vertical of the ridge. **Or**
- d. R-30 attic insulation. **Or**
- e. Building has a radiant barrier in the attic meeting the requirements of Section 151(f) 2. **Or**
- f. Building has no ducts in the attic. **Or**
- g. R-3 insulation installed on the deck above vented attic. **Or**
- h. Building has no ducts in attic.

NOTES:

- 1. The attic ventilation is required to meet current California Building Code requirements when roofing with composition shingles due to manufacturer's warranty requirements. Low vents must be distributed equally around the structure. Current CBC requirement is 1/300 of the attic floor area. (SEE ATTIC VENTILATION WORKSHEET)

TYPICAL VALUES FOR ATTIC VENTS

Soffit Vents

3.5 x 14.5 = 30 sq ins
3.5 x 22.5 = 50 sq ins
5.5 x 22.5 = 80 sq ins

Small Dormer Vents

50 sq ins

Large Dormer Vents

100 sq ins

Ridge Vents

Per ICC Evaluation Report

ATTIC VENTILATION WORKSHEET

STEP 1

Determine Total Square Feet of Attic Floor Space ("Enclosed" Attic Space)

Length of Attic _____ x Width of Attic _____ = (a¹) _____ Square feet of attic space
(Repeat process for all attic areas)

Length of Attic _____ x Width of Attic _____ = (a²) _____ Square feet of attic space
(Repeat process for all attic areas)

Areas without Attic Space / Unenclosed / Vaulted ceiling (b) = _____ Square feet

Net Ventable Attic Space (c) = _____ Square Feet (a) – (b) = (c)

STEP 2

Calculate Ventilation Requirement

(c) _____ ÷ 150 = (d) _____ Square feet of code required ventilation **OR**

(c) _____ ÷ 300 = (d) _____ Square feet of code required ventilation

STEP 3

Convert Square Feet to Square Inches

(d) _____ x 144 = (e) _____ **TOTAL square inches of code required ventilation**

STEP 4

Determine High & Low Ventilation Requirement

(e) _____ ÷ 2 (high & low ventilation) = (f) _____ **Square inches of code required ventilation (high & low)**

STEP 5

Determine Number of Existing Vents and Proposed New Vents in order to meet Ventilation Requirement

Existing High Vents: Number of vents _____ @ _____ square inches = _____ square inches

Existing High Vents: Number of vents _____ @ _____ square inches = _____ square inches

Proposed High Vents: Number of vents _____ @ _____ square inches = _____ square inches

Total High Ventilation to be provided = _____ total square inches

Existing Low Vents: Number of Vents _____ @ _____ square inches = _____ square inches

Existing Low Vents: Number of Vents _____ @ _____ square inches = _____ square inches

Proposed Low Vents: Number of Vents _____ @ _____ square inches = _____ square inches

Total Low Ventilation to be provided = _____ total square inches

Example: (for 1/150 method)

Step 1 Attic Area:

60 ft x 20 ft = (a) 1200 sq ft & (b) = 0

(a) 1200 – (b) 0 = (c) 1200 sq ft

Step 2 Ventilation Calculation:

(c) 1200 ÷ 150 = (d) 8 sq ft

Step 3 Convert to Sq Inches:

(d) 8 sq ft x 144 = (e) 1152 sq in

Step 4 High and Low Vent Area Req'mts:

(e) 1152 ÷ 2 = (f) 576 square inches

Step 5:

Provided Low Vents (intake): 12 soffit vents @ 48 square inches each = 576 square inches

Provided High Vents (exhaust): 12 dormer vents @ 48 square inches each = 576 square inches

Total Ventilation provided: = 1152 square inches



Development and Resource Management Department
Building and Safety Services Division

Project Address _____

Permit No. _____

APPLICATION TYPE: BLDG _____ ELEC _____ PLBG _____ MECH _____ GRAD _____ OTHER _____
DRAW DOWN _____ ACCT NO. _____ CREDIT CARD _____ ACCT NAME _____

SPECIAL CONDITIONS

WORKERS COMPENSATION

Section 3800 of the State Labor Code provides that every county or city which requires issuance of a permit as a condition precedent to the construction, alteration, improvement, demolition, or repair of any building or structure shall require that each applicant for permit have on file:

(Please Initial)

- _____ A Certificate of Consent to self-insure by the Director of Industrial Relations or
_____ A Certificate of Workers' Compensation Insurance issued to the city to be an admitted insurer.
_____ A signed statement of a Firm Without Employees on file with the city.

EXCLUSIONS

(Please Initial)

- _____ Permits for work costing \$100.00 or less.
_____ Applicants for permits who sign the following certifications:
"I certify that in the performance of the work for which this permit is issued I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California."

If after signing this certificate, the applicant desires to employ any person for work covered by this permit, the applicant must obtain Workers' Compensation Insurance as required by Section 3700 of the State Labor Code, or this permit shall be deemed revoked.

STATE REQUIRED LICENSING

I hereby affirm under penalty of perjury that I am licensed under provisions or Chapter 9 of Division 3 of the Business and Professions Code, and my license is in full force and effect. **LICENSE NO.** _____

EXEMPTION FROM STATE REQUIRED LICENSING

(Please Initial)

- _____ I am the owner of the property addressed on the subject permit application. The building or improving of structures hereon, or appurtenances thereto, will be done by myself or through my own employees with wages as their sole compensation. The structure or structures, with or without the appurtenances thereto, is not intended to be and will not be offered for sale within one year after completion of same (Section 7044).
_____ As owner of the property the building or improving structures or appurtenances thereto will be contracted with licensed contractors. (Section 7044)
_____ Aggregate total of the contracts is not more than \$500.00 for labor, materials, and all other work. (Section 7048)
_____ I am a licensed architect, engineer, or structural pest control operator within the scope of my license. (Section 7051)
Print Firm Name: _____

HAZARDOUS WASTE AND SUBSTANCE SITES

I declare that I have made application for a permit to develop property at Fresno California. I have consulted the list of Hazardous Waste and Substance Sites developed by the State Office of Planning and Research pursuant to GC Section 65962.5.

(Please Initial)

- _____ I have determined that the said property **is not** included on a list compiled pursuant to this section.
_____ I have determined that the said property **is** included on a list compiled pursuant to this section.

I further declare under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

DATED THIS _____ DAY OF _____ 20 _____

SIGNATURE _____ PHONE NUMBER _____

PRINT NAME _____ Staff Initials _____